Home Health Certification and Plan of Care

Order ID: 1150/16164

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
741040738	02/08/2026	From: 02/08/2026 To: 04/08/2026	1467	217058

6. Patient's Name and Address

Samuel Stamper
1527 CLAIRIDGE RD,
GWYNN OAK, MD 21207-
410-262-5565

7. Provider's Name, Address and Telephone Number

HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 11/30/1971 | **9.Sex** Male

11. ICD	Principal Diagnosis	Date
E11.69	Type 2 diabetes mellitus with other specified complication	02/08/26

13. ICD	Other Pertinent Diagnoses	Date
M86.9	Osteomyelitis unspecified	02/08/26
B95.62	Methicillin resis staph infct causing diseases classd elswhr	02/08/26
E11.621	Type 2 diabetes mellitus with foot ulcer	02/08/26
L97.419	Non-prs chr ulcer of right heel and midfoot w unsp severt	02/08/26
Z47.81	Encounter for orthopedic aftercare following surgical amp	02/08/26
N17.9	Acute kidney failure unspecified	02/08/26
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny	02/08/26
I50.9	Heart failure unspecified	02/08/26
E11.22	Type 2 diabetes mellitus w diabetic chronic kidney disease	02/08/26
N18.30	Chronic kidney disease stage 3 unspecified	02/08/26
D63.1	Anemia in chronic kidney disease	02/08/26
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	02/08/26
I25.10	Athscl heart disease of native coronary artery w/o ang pctrs	02/08/26
I25.5	Ischemic cardiomyopathy	02/08/26
I25.2	Old myocardial infarction	02/08/26
E78.5	Hyperlipidemia unspecified	02/08/26
E03.9	Hypothyroidism unspecified	02/08/26
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	02/08/26
N13.8	Other obstructive and reflux uropathy	02/08/26
K21.9	Gastro-esophageal reflux disease without esophagitis	02/08/26
E66.01	Morbid (severe) obesity due to excess calories	02/08/26
Z68.41	Body mass index [BMI] 40.0-44.9 adult	02/08/26
Z79.82	Long term (current) use of aspirin	02/08/26
Z79.84	Long term (current) use of oral hypoglycemic drugs	02/08/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Zyvox - Linezolid 600mg,1 tablet by mouth twice a day daily for 7 days
Norvasc - Amlodipine Besylate 5mg, 1 tablet by mouth once a day
Aspirin 81Mg - Aspirin 81mg,4 tablets by mouth once a day Delayed release
Lipitor - Atorvastatin Calcium 80mg by mouth once a day
Bentyl - Dicyclomine Hydrochloride 20mg by mouth every 6 hours
Pepcid - Famotidine 40mg by mouth twice a day
Lasix - Furosemide 40mg, 1 tablet by mouth once a day
Neurontin - Gabapentin 300mg by mouth three times a day
Glucotrol Xl - Glipizide 2.5mg by mouth once a day
Synthroid - Levothyroxine Sodium 25mcg by mouth once a day before break fast
Zestril - Lisinopril 20mg by mouth twice a day
Metoprolol Tartrate - Metoprolol Tartrate 25mg by mouth twice a day
Pamelor - Nortriptyline Hydrochloride 25mg take 75mg by mouth at bedtime
Roxicodone - Oxycodone Hydrochloride 5mg, 1 tablet by mouth every 8 hours Immediate release tablet needed for moderate pain (or if requested by patient for severe pain) or breakthrough pain
Protonix - Pantoprazole Sodium 40mg by mouth once a day
Senna Plus - Senna 8.6-50 mg ,2 tablets by mouth once a day
Flomax - Tamsulosin Hydrochloride 0.4mg capsule , take 0.8mg by mouth at bedtime (2 capsule)
Levothyroxine - Levothyroxine Sodium 100mcg by mouth as necessary
Sucralfate - Sucralfate 1gm by mouth three times a day Before meals, 1 TAB
Levaquin - Levofloxacin 750mg= 1 tablet by mouth once a day For 4 days. START 1/4/24

14. DME and Supplies:

wheelchair, urinary/catheter supplies, hoyer lift, hospital bed, diabetic supplies, commode

15. Safety Measures:

wheelchair precautions, , sharps precautions, , diabetic precautions, , cardiac precautions

16. Nutrition:

diabetic, cardiac diet

17. Allergies:

penicillin sulfa

18.A. Functional Limitations

Ambulation, Amputation

18.B. Activities Permitted

Wheelchair, Up As Tolerated

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:

SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.

22.B.Discharge Plans

patient will be responsible for managing treatment
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Type 2 Diabetes Mellitus With Other Specified Complication, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:

The patient is a 54-year-old male residing with his wife and family in a multi-level home, currently living in the basement area. He was referred to home health services following a recent hospitalization for acute kidney injury (AKI). His past medical history is significant for hypertension (HTN), diabetes mellitus (DM), peripheral vascular disease (PVD), coronary artery disease (CAD), coronary artery bypass grafting (CABG), and bilateral transmetatarsal amputations, with recent bilateral forefoot amputations. Prior to his hospitalization in October 2025, the patient was fully independent with ambulation, required no assistive devices, and reported no physical limitations. At present, he is non-ambulatory and utilizes a wheelchair for mobility. He is weight bearing as tolerated (WBAT) on the left lower extremity and heel weight bearing on the right lower extremity. He is able to stand with a rolling walker for up to one minute and requires moderate assistance for transfers. He is capable of squat pivot transfers to the commode and wheelchair. Manual muscle testing reveals bilateral lower extremity strength at 2-/5 and bilateral upper extremity strength at 4/5. He requires standby assistance for dressing tasks in bed and performs bathing at the bedside using a basin of water. The patient is alert and oriented, with stable vital observations at the time of <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh>. He has an active wound to the right foot. Per hospital discharge instructions, wound care is to be performed three times weekly using alginate dressing covered with a dry sterile dressing (DSD). At the time of the visit, no wound care supplies were available in the home. Supplies required include alginate 4x4 dressings, 4x4 gauze pads, normal saline solution (NSS), wrap gauze, and tape. A Dexcom G7 continuous glucose monitoring sensor was applied to the left upper arm during the visit and successfully paired with the Dexcom application on the patient's phone for ongoing glucose monitoring and

23. Signature and Date of Verbal SOC Where Applicable:

Electronically Signed by Messick, Charles RN on 02/08/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address

Robert Levine
2391 Greenspring Drive
Timonium, MD 21093
PHONE: 410-847-3000 FAX: 18554160980 NPI: 1417274432

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 02/04/2026

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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diabetes management. The patient also has a 16 French/10 mL indwelling Foley catheter in place, which is draining an adequate amount of amber-colored urine without noted complications. Physical therapy evaluation has been completed. Due to significant lower extremity weakness, impaired balance, and inability to ambulate, the patient would benefit from skilled physical therapy services to improve strength, enhance balance, and promote safety and independence with functional mobility in order to return to his prior level of function. He has been educated on the importance of getting out of bed daily to prevent deconditioning, and a home exercise program (HEP) consisting of seated bilateral lower extremity therapeutic exercises has been initiated. Orders are in place for physical therapy and occupational therapy evaluations and treatment under home health services. Skilled nursing (SN) services are recommended at a frequency of twice weekly for two weeks, followed by once weekly for four weeks (2w2, 1w4). The next skilled nursing visit is scheduled for Wednesday. The plan of care includes wound management per physician orders, monitoring of renal status and urinary output, diabetes management including continuous glucose monitoring, <mh class="chrome-extension-FindManyStrings chrome-extension-FindManyStrings-style-8 CE-FMS-assessment">assessment</mh> of mobility and safety, reinforcement of education, and coordination of multidisciplinary services to support recovery and maximize functional independence.
 Date of Order 02/08/2026 Orders Physician Face-to-Face Date: 02/04/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adl's due to Type 2 Diabetes Mellitus With Other Specified Complication Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Levine , Robert

SN Careplans

SN WK1: 2 (02/08/26-02/14/26) ,WK2: 2 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 3. Multiple hospitalizations (2 or more) in the past 6 months, 7. Currently taking 5 or more medications

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds ; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

NA
Advance Directive:No Advance Directive

PROBLEMS IDENTIFIED ON ASSESSMENT: M2020 - Oral Med Management, Home Safety, M1400 - Dyspnea, swelling in legs/around eyes, abnormal BS < 70/140 > mg/dL, M1610 - Urinary Catheter, muscle weakness, limited endurance, limited strength, obesity, open sores/lesions, #1 - Non-Observable Surgical Wound - Other - Right foot - Non observable at this time

PROCEDURES: physician-ordered wound care: #1 - Non-Observable Surgical Wound - Other - Right foot - Non observable at this time: SN/family/Caregivers to change wound to right foot three times a week as follows: Cleanse wound to right foot with normal saline or soap and water, apply aquacel to wound bed cover with dry sterile gauze and secure with kerlix and tape, physician-ordered wound care: #1 - Non-Observable Surgical Wound - Other - Right foot - Non observable at this time: SN/family/Cargiver to change wound to right foot three times a week as follows: Cleanse wound to right foot with normal saline or soap and water, apply aquacel to wound bed cover with dry sterile gauze and secure with kerlix and tape, glucose testing via monitor, coordinate/arrange for maintenance of clean/uncluttered living area

SN Goals

PATIENT-STATED GOAL: I want to be up and around on my own.

GOALS
patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medicatio

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, sch

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's living environment is clean/uncluttered

Signature of Physician:	Date
	PAGE 2 of 4
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	02/08/2026

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TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, sch, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's living environment is clean/uncluttered

PT Careplans

PT WK1: 1 (02/08/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26) ,WK7: 1 (03/22/26-03/28/26) ,WK8: 1 (03/29/26-04/04/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, Pain Interference with ADLs, Pain Interference with Therapy activities, Pain Effect on Sleep, GG0170M1 - 1 - Step (curb), GG0170R1 - Wheel 50 ft w 2 Turns, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170S1 - Wheel 150 feet, GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer

PROCEDURES: Medication Review: - medications reviewed with patient/caregiver, wheelchair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxatio, Sit to Stand - 04. Supervision or touching assistance, Chair to Bed to Chair - 04. Supervision or touching assistance, Toilet Transfer - 05. Setup or clean-up assistance, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, 1 - Step (curb) - 02. Substantial/maximal assistance, 12 Steps - 02. Substantial/maximal assistance, 4 Steps - 02. Substantial/maximal assistance, Car Transfer - 04. Supervision or touching assistance, Picking Up Object - 02. Substantial/maximal assistance, Walk 10 Feet - 02. Substantial/maximal assistance, Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance, Walk 150 Feet - 02. Substantial/maximal assistance, Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance, Medication Review

PT Goals

PATIENT-STATED GOAL: To be more independent

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medicatio

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain
* teach relaxatio

Sit to Stand - 04. Supervision or touching assistance

Chair to Bed to Chair - 04. Supervision or touching assistance

Toilet Transfer - 05. Setup or clean-up assistance

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

1 - Step (curb) - 02. Substantial/maximal assistance

12 Steps - 02. Substantial/maximal assistance

4 Steps - 02. Substantial/maximal assistance

Car Transfer - 04. Supervision or touching assistance

Picking Up Object - 02. Substantial/maximal assistance

Walk 10 Feet - 02. Substantial/maximal assistance

Walk 10 ft on Uneven Surface - 02. Substantial/maximal assistance

Walk 150 Feet - 02. Substantial/maximal assistance

Walk 50 ft with 2 Turns - 02. Substantial/maximal assistance

Medication Review

OT Careplans

OT WK1: 1 (02/08/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26) ,WK6: 1 (03/15/26-03/21/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: , M1400, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: Patient/caregiver recalls related purpose and schedule of medications: Medication review , cough/deep breathing exercises, therapeutic exercises, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medicatio, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 03. Partial/moderate assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent, Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

OT Goals

PATIENT-STATED GOAL: Patient wants to get better

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medicatio

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 06. Independent

Shower/Bathe Self - 03. Partial/moderate assistance

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
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Eating - 06. Independent

Upper Body Dressing - 06. Independent

Patient will demonstrate improved bilateral upper extremity muscle strength from 4/5 mmt to 5/5 mmt to improve ADLs and transfers within 6 wks

HHA Careplans

HHA WK1: 1 (02/08/26-02/14/26) ,WK2: 1 (02/15/26-02/21/26) ,WK3: 1 (02/22/26-02/28/26) ,WK4: 1 (03/01/26-03/07/26) ,WK5: 1 (03/08/26-03/14/26)

PROCEDURES: assist with bathing: Bathe bed side using a basin. Assist with deodorant and lotion of body, assist with toilet transferring, assist with toileting hygiene, assist with transferring, assist with infection control, assist with fall prevention, assist with grooming: Wash face. Brush teeth or assist with dentures, assist with lower body dressing, assist with upper body dressing, assist with light housekeeping: Change linen as needed

HHA Goals

Signature of Physician:

Date

Optional Name/Signature of Nurse/Therapist:

Electronically Signed by Messick, Charles RN

Date

02/08/2026